## CANDIDATE'S ELECTION DAY EXPENDITURES

to be filed by a candidate or his principal compaign committee.

This report is required to be filled by all candidates who are required to file campaign finance disclosure reports are relection day expanditures were made. The report is due not later than 10 days after the primary election, and, again, not later than 10 days after the general election if the candidate participates in the general election. This form is used to report payments by the candidate or his political committee {1} for advertising that is broadcast or published on election day, (2) for the services of election day workers, and (3) to organizations for election day activities in support of the candidate. NOTE: This report is required in addition to all other required reports. Therefore, the expenditures reported on this report must be reported in subsequent "Candidate's Reports" for this election.

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Hand deliver or mail to: CAMPAIGN FINAN	ICE, 8401 United Plaza Blvd., Suite 20	0, Baton Roug	e, LA 70809-70179	•	
Full Name and Address of Candidata     THOMAS R WILLSON	2.Office Sought (Include Otle of office as well as parish, city, fown and/or election district)	OFFICE USE ONLY			
24 WORTH LAKE DR.	DISTRICT JUDGE		10 ok	2	
WOODWORTH LA 71485	RAPICES PARISH, ALEXANDRIA 3TH JUDICIAL DISTR	ede-P	, 00	0805881	
Transfer of the second of the		1017		Ç:	
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Name and address of principal campaign committee     (Applicable only if candidate has a principal campaign	ri committee)			þα	
	i		:		
	Please see attached \$heets.		• •		
4. Date of Primary Election10/04/2008			<u>.</u> .		
Date of General Election					
5. Total Expenditures by Calegory			F. 17.1		
a. Television Advertising (Schedu		0.00	-		
b. Radio Advertising (Schedule A)			0.00	-	
c. Newspaper Advertising (Sched	uła A)	<del></del>	0.06	-	
d. Services of Election Day Works	ers (Schedule B)		800.00	_	
e. Payments to Organizations for			0.00	-	
Day Activities/Services (Sched	lule C}				
For any category in which no election day expanditures be omitted from this report.	were made, write -o- next to the category in Item 5	. Any schedules not	raquired to be complete	d may	
6 a. Name of Person Preparing Report		6 b. Daytime Tele	phone		
			Piesse see sitached	sheets.	
7. WE HEREBY CERTIFY that the information contains information and bellef, and that no election day expendit	pres yang pang wags ibal pand not pedu tebotes	and correct to the b oberein, and	est of our knowledge,		
reported by the Louisiana Campaign Firence Disclosure	Ad.				
Signature of Canded State Chairperson (I to b Chairperson only if repart by grincipal cam		318-442-9200 Daylama Tslaphor	कं पिद्रमायकः		
1793-	<del></del>	318-442-8658			
Signeture of Treesurer		Dayama Telepho	ne Number		

Affiliated Persons / Organizations	2/3
Name and Address of Person Preparing Report JOHN S. ROZIER, IV CPA P.O. BOX 12178	Candidate Information  Office Sought Include title of office 55 well as partsh, Chy, town analyst election district)
ALEXANDRIA LA 71315	
	Name of Political Party:
Chairperson:	SUPPORTED OPPOSED by the Committee
Daytime Telephone (Preparer): 318-442-1608	Rai of Aff. Org. to Comm:
Name and Address of Principal Committee WILLSON FOR JUDGE CAMPAIGN 1330 JACKSON STREET	Candidate information Office Sought (mondo tiple of office 88 yeal) or parish, say, town and/or election district)
ALEXANDRIA LA 71301	
	Name of Postical Party:
Chairperson:	SUPPORTED OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm:
	•
-	
•	•

## SCHEDULE B: ELECTION DAY WORKERS

The following information must be provided for each individual to whom an expenditure was made for services performed on election day. Also, the information must be provided for each individual performing services on election day to whom a monetary expenditure was made by an organization to which a payment was made by the candidate completing this report. Such an organization is required by law to furnish this information to the candidate completing this report.

1. Name and Address of Recipient			2. Social Security Humber	\$. Amount Paid	4. Organization Making Payment (if applicable)
DEBRA COLLINS 389 LEAVINES RD			433-94-9917	500.00	
BOYCE	LÁ	71409			
DALE LEBOUEF 4021 MAYFLOWER BLVD		<del></del>	448-88-7467	300.00E	
ALEXANDRIA	£A.	71303	, 10		